

CORRECTED 7/86

TABLE 1B. RESIDENCE, BY MOTHERS AGE GROUP
BY SEX, WASHINGTON STATE, 1983

	TOTAL	MALE	FEMALE	UNKNOWN
TOTAL	68705	35360	33345	0
UNDER 15	99	46	53	0
15-19	7288	3738	3550	0
20-24	21699	11219	10480	0
25-29	22826	11757	11069	0
30-34	12743	6526	6217	0
35-39	3579	1838	1741	0
40-44	441	221	220	0
45 AND OVER	16	9	7	0
UNKNOWN	14	6	8	0

TABLE 10. LIVE BIRTHS BY MOTHER'S AGE BY BIRTH WEIGHT, WASHINGTON STATE, 1983

STATE TOTAL	TOTAL	UNDER		15-19	20-24	25-29	30-34	35-39	40-44	45 & OVER	NOT STATED
		15	15								
STATE TOTAL	68705	99	99	7288	21699	22826	12743	3579	441	16	14
1000 AND UNDER	285	1	1	38	88	89	53	15	1	0	0
1001-1500	312	0	0	52	98	97	44	19	2	0	0
1501-2000	700	2	2	93	210	209	126	47	13	0	0
2001-2500	2308	8	8	329	756	713	365	118	19	0	0
2501-3000	8683	18	18	1184	2949	2633	1440	394	59	2	4
3001-3500	23909	35	35	2721	7914	7925	4108	1076	124	5	1
3501-4000	22680	26	26	2144	7047	7679	4417	1207	149	6	5
4001-4500	7855	9	9	618	2133	2807	1676	555	51	3	3
4501 AND OVER	1911	0	0	99	487	657	504	142	22	0	0
NOT STATED	62	0	0	10	17	17	10	6	1	0	1

TABLE 5. LIVE BIRTHS BY MOTHER'S AGE GROUP BY PLACE OF RESIDENCE, WASHINGTON STATE, 1983

COUNTY AND CITY	TOTAL	UNDER 15	15-19	20-24	25-29	30-34	35-39	40-44	45 & OVER	NOT STATED
STATE TOTALS	68705	99	7288	21699	22826	12743	3579	441	16	14
ADAMS	298	1	49	83	94	55	14	2	0	0
ASOTIN	244	0	34	185	62	36	4	2	0	1
BENTON	2105	4	223	684	710	359	107	17	1	0
KENNEWICK	917	2	109	316	303	144	33	5	0	0
RICHLAND	487	2	34	134	165	103	43	6	0	0
CHELAN	830	2	123	265	277	124	33	6	0	0
WENATCHEE	338	2	62	116	104	43	8	3	0	0
CLALLAM	791	1	94	292	223	147	32	2	0	0
PORT ANGELES	280	1	43	184	78	45	9	0	0	0
CLARK	3045	3	336	961	1041	543	142	17	1	1
VANCOUVER	1168	2	173	463	327	161	36	4	1	1
COLUMBIA	55	0	5	21	21	5	2	1	0	0
COWLITZ	1252	2	191	498	346	174	33	8	0	0
KELSO	219	0	40	90	60	23	5	1	0	0
LONGVIEW	508	0	88	194	144	65	15	2	0	0
DOUGLAS	346	1	42	122	114	51	16	0	0	0
FERRY	110	0	17	26	39	20	7	1	0	0
FRANKLIN	866	4	115	317	266	129	29	6	0	0
PASCO	547	4	87	216	152	72	14	2	0	0
GARFIELD	42	0	2	15	15	9	1	0	0	0
GRANT	963	0	121	336	319	137	41	9	0	0
MOSES LAKE	200	0	28	68	64	30	8	2	0	0
GRAYS HARBOR	1016	2	138	366	327	146	31	6	0	0
ARCDEEN	268	1	44	189	71	35	7	1	0	0
ISLAND	883	1	82	356	254	138	46	6	0	0
OAK HARBOR	330	0	39	155	80	40	14	2	0	0
JEFFERSON	204	0	23	59	73	41	7	1	0	0
KING	18627	25	1394	4659	6500	4477	1402	153	4	0
AUBURN	553	2	75	237	165	61	13	0	0	0

BELLEVUE	830	0	35	226	301	197	60	10	1	0
DES MOINES	68	0	4	22	31	10	1	0	0	0
KENT	533	0	54	194	184	82	20	1	0	0
KIRKLAND	350	0	11	76	144	83	33	3	0	0
MURKER ISLAND	157	0	3	18	38	49	26	3	0	0
REDMOND	405	0	6	70	160	114	40	4	0	0
RENTON	597	2	17	190	221	87	26	4	0	0
SEATTLE	6610	13	538	4513	2488	1789	581	66	1	1
KITSAP	2903	2	296	966	984	506	132	16	1	0
BREMERTON	866	2	134	355	251	97	27	0	0	0
KITTITAS	334	0	29	109	110	68	15	3	0	0
EILSENSBURG	144	0	10	56	42	32	3	1	0	0
KLICKITAI	281	0	38	107	79	43	12	2	0	0
LEWIS	910	1	145	344	261	120	31	8	0	0
CENTRALIA	236	1	47	93	64	24	5	2	0	0
LINCOLN	134	0	13	33	57	22	7	2	0	0
MASON	490	1	61	161	166	78	21	2	0	0
OKANOGAN	605	3	111	206	167	91	25	2	0	0
PACIFIC	240	0	42	85	69	30	13	1	0	0
PEND OREILLE	120	0	22	29	33	32	3	1	0	0
PIERCE	9218	11	1147	3362	2921	1377	360	38	2	0
PUYALLUP	309	0	32	103	98	64	12	0	0	0
TACOMA	2955	8	427	1029	949	422	99	19	2	0
SAN JUAN	105	0	2	33	31	29	10	0	0	0
SKAGIT	1056	3	119	364	352	168	43	7	0	0
MOUNT VERNON	265	2	43	92	89	32	5	2	0	0
SKAMANIA	108	0	11	34	40	16	4	3	0	0
SNODWISH	6100	6	569	1915	2150	1120	298	39	2	1
EDMONDS	400	0	31	112	151	81	23	2	0	0
EVERETT	1299	2	163	503	416	168	40	7	0	0
LYNNWOOD	578	0	61	207	478	98	31	3	0	0
MOUNTLAKE TERRACE	269	0	22	69	113	51	13	1	0	0
SPOKANE	5547	5	600	1893	1827	956	238	24	2	2
SPOKANE (CITY)	3006	4	344	1026	1019	495	107	8	2	1
STEVENS	499	1	72	154	145	91	30	6	0	0
THURSTON	2165	2	222	714	732	374	106	13	2	0
LACEY	255	0	30	76	81	44	20	3	1	0
OLYMPIA	628	0	67	213	199	129	18	1	1	0
WAHIAKUM	44	0	5	16	11	10	2	0	0	0

WALLA WALLA	743	1	91	267	240	111	32	1	0	0
WALLA WALLA (CITY)	428	1	64	148	132	63	20	0	0	0
WHATCOM	1658	2	123	498	597	345	86	6	0	1
BELLINGHAM	608	1	55	186	213	132	21	0	0	0
WHITMAN	452	0	30	128	184	92	17	1	0	0
PULLMAN	222	0	7	59	92	57	6	1	0	0
YAKIMA	3316	15	551	1116	989	473	147	24	1	0
YAKIMA (CITY)	927	8	149	300	274	151	29	8	0	0

APPENDIX

APPENDIX A

DEFINITIONS

GENERAL TERMS

BIRTH WEIGHT - Weight of fetus or infant at time of delivery (normally recorded in pounds and ounces).

FETAL DEATH - Death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy. The death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Reporting of fetal deaths to the State is required only when the gestational period is greater than twenty weeks.

GESTATIONAL PERIOD - Number of weeks elapsed between the first day of the last menstrual period and date of delivery.

INFANT DEATH - Death of an infant under one year of age.

LIVE BIRTH - The complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes, or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

LIVE BIRTH ORDER - Total number of live births to a given mother, including current birth.

MATERNAL DEATH - Death attributed to complications of pregnancy, childbirth, or the puerperium.

NEONATAL DEATH - Death of an infant within the first 27 days of life.

OCCURRENCE DATA - Data allocated by place where event occurred, regardless of the person's place of residence.

PERINATAL DEATH - Stillbirths plus deaths to infants within the first six days of life.

PREMATURE BIRTH - A live birth weighing 2,500 grams (5-1/2 pounds) or less. If birth weight is not stated, length of gestation (under 37 weeks) is used.

RESIDENCE DATA - Data allocated by place of residence of the decedent (deaths), or by place of residence of the child's mother (births, stillbirths).

RATES AND RATIOS

Rates are calculated by dividing the event of concern by the population at risk or a related population and multiplying by a constant. Death rates from all causes and live births are expressed in terms of 1,000 estimated population; deaths from a specific cause are based on 100,000 estimated population. Additionally, maternal deaths are calculated per 10,000 live births; fetal death ratios and infant and neonatal death rates are calculated per 1,000 live births.

AGE-SPECIFIC DEATH RATE - Number of deaths in a specific age group per 100,000 population in that age group.

CAUSE-SPECIFIC DEATH RATE - Number of deaths from a specific cause per 100,000 population.

(CRUDE) BIRTH RATE - Number of live births per 1,000 population.

(CRUDE) DEATH RATE - Number of deaths per 1,000 population.

FERTILITY RATE - Number of live births per 1,000 women, 15-44 years of age.

FETAL DEATH RATIO - Number of stillbirths per 1,000 live births.

INFANT DEATH RATE - Number of infant deaths per 1,000 live births.

MATERNAL DEATH RATE - Number of maternal deaths per 10,000 live births.

NEONATAL DEATH RATE - Number of neonatal deaths per 1,000 live births.

PERINATAL DEATH RATE - Number of perinatal deaths per 1,000 live births plus fetal deaths.

APPENDIX B

TECHNICAL NOTES

RELIABILITY OF THE DATA

In analyzing any data, the possibility of errors in the data must not be overlooked. There are several types of possible errors, including under-registration, errors made by the informant, and errors in compilation and processing. The most potentially dangerous error, however, is probably that of improper interpretation.

Statistics are neither more true nor false than the interpretation given to them. It should be emphasized that most of the rates computed in this report are crude rates. For comparing geographic areas, crude rates are limited. They do not reflect differences in age, sex, race, and other population characteristics. In addition, it is important to recognize the possible distortion in these rates where the number of events or the population is small. Minor variations in the number of events may result in major changes in the rates. Special caution should also be exercised in analyzing trend data, because of changes throughout the years in medical diagnosis, coding definitions, and registration coverage.

COLLECTION YEAR

Data for the Vital Statistics summary are compiled from items on birth, death, marriage, and divorce certificates (see Appendix F for samples) received before April 15, 1984. Washington State is a member of the interstate exchange and receives birth and death certificates of residents who have died in other states. Out-of-State marriage and divorce certificates are not exchanged; therefore, only occurrence data are obtainable.

POPULATION

Population data in this report are an estimate of population provided by the Washington State Office of Financial Management, April 1, 1983.

CAUSE OF DEATH CLASSIFICATION

The causes of death presented herein are classified in accordance with the The International Classification of Diseases, Ninth Revision published by the World Health Organization. The State of Washington began this revision using January 1, 1979.

RACE

The determination of race on birth and death certificates follows decision rules established by the National Center for Health Statistics (NCHS).

If more than one race is listed and one is Hawaiian, Hawaiian is preferred. In cases of other non-white races, the first non-white race listed is preferred, except in instances where one of the races is Black. In this latter case Black is preferred.

To determine race of newborns on birth certificates, each parent's race is first established according to the previous rules. Rules to determine race of the child, then, fall along a similar pattern:

1. If either parent is Hawaiian, then the child's race is considered Hawaiian.
2. If neither parent is Hawaiian, and either parent is Black, then the child's race is determined to be Black.
3. In other cases where one parent is white and the other non-white, the non-white race is selected as the race of the child.
4. If both parents are non-white, the father's race is selected except where the mother's race is Hawaiian or Black.

ROUNDING

Rates are rounded to the nearest tenth. When the rate or percent is less than one-tenth, the entry is 0. Where whole numbers are used, a blank indicates none or zero.

OCCURRENCE DATA

Occurrence death data are limited in two ways. As the death certificate does not specify inside or outside of corporate limits for place of death, rural deaths may be incorrectly assigned to cities because the location of death was in close proximity to a city. Informants often are unaware of city boundaries. Further, death certificates indicating trauma report the location of death not the location where the injury occurred. Transportation of victims to hospitals may also incorrectly assign rural accidents to cities. This could result in an improper interpretation of an excess of urban as compared to rural accidents.

Data concerning type of place of accident, see Table 18, are gathered from the accident portion of the death certificate according to rules established by the National Safety Council. Table 18 shows the type of place where the accident occurred not the location. Agriculture deaths include deaths occurring at work in fishing, timber, and farming industries.

APPENDIX C

CONVERSION OF BIRTHWEIGHT GROUPS IN GRAMS TO POUNDS AND OUNCES

GRAMWEIGHT	POUNDS AND OUNCES
1,000 grams and under	2 lbs. 3 oz. and less
1,001 - 1,500	2 lbs. 4 oz. - 3 lbs. 4 oz.
1,501 - 2,000	3 lbs. 5 oz. - 4 lbs. 6 oz.
2,001 - 2,500	4 lbs. 7 oz. - 5 lbs. 8 oz.
2,501 - 3,000	5 lbs. 9 oz. - 6 lbs. 9 oz.
3,001 - 3,500	6 lbs. 10 oz. - 7 lbs. 11 oz.
3,501 - 4,000	7 lbs. 12 oz. - 8 lbs. 13 oz.
4,001 - 4,500	8 lbs. 14 oz. - 9 lbs. 14 oz.
4,501 grams and over	9 lbs. 15 oz. and over

One pound = 453.59 grams

APPENDIX D

 POPULATION OF THE STATE OF WASHINGTON
 BY AGE GROUP, BY SEX, APRIL 1, 1983

AGE GROUP	TOTAL	MALE	FEMALE
TOTAL	4,285,100	2,129,008	2,156,092
UNDER 1 YR	69,529	35,571	33,958
1 - 4	266,471	136,611	129,860
5 - 14	613,121	314,076	299,045
15 - 24	721,002	370,245	350,757
25 - 34	788,256	399,445	388,811
35 - 44	572,014	289,603	282,411
45 - 54	394,832	198,109	196,723
55 - 64	388,038	186,081	201,957
65 - 74	286,087	131,045	155,042
75 - 84	141,480	55,350	86,130
85 AND OVER	44,270	12,872	31,398

APPENDIX E

POPULATION, STATE OF WASHINGTON, COUNTIES AND
CITIES OF 10,000 POPULATION AND OVER, APRIL 1, 1983

	CITY TOTAL	COUNTY TOTAL		CITY TOTAL	COUNTY TOTAL
ADAMS		13,600	KITTITAS		24,900
ASOTIN		16,800	ELLENSBURG	11,550	
BENTON		108,700	KLICKITAT		16,300
KENNEWICK	35,700		LEWIS		56,000
RICHLAND	32,000		CENTRALIA	11,700	
CHELAN		46,500	LINCOLN		9,600
WENATCHEE	17,150		MASON		33,600
CLALLAM		52,200	OKANOGAN		31,500
PORT ANGELES	17,100		PACIFIC		17,600
CLARK		200,000	PEND OREILLE		8,900
VANCOUVER	42,600		PIERCE		507,000
COLUMBIA		4,000	PUYALLUP	18,550	
COWLITZ		79,300	TACOMA	158,400	
KELSO	11,000		SAN JUAN		8,700
LONGVIEW	30,000		SKAGIT		66,100
DOUGLAS		22,400	MOUNT VERNON	13,600	
FERRY		6,100	SKAMANIA		7,800
FRANKLIN		36,000	SNOHOMISH		360,900
PASCO	19,100		EDMONDS	27,000	
GARFIELD		2,400	EVERETT	56,200	
GRANT		49,100	LYNNWOOD	23,000	
MOSES LAKE	10,300		MOUNTLAKE TERRACE	16,000	
GRAYS HARBOR		65,800	SPOKANE		348,000
ABERDEEN	18,050		SPOKANE (CITY)	170,200	
ISLAND		47,000	STEVENS		29,700
OAK HARBOR	12,150		THURSTON		133,500
JEFFERSON		16,800	LACEY	14,030	
KING		1,315,800	OLYMPIA	28,000	
AUBURN	29,000		WAHKIAKUM		3,700
BELLEVUE	73,900		WALLA WALLA		48,200
DES MOINES	10,250		WALLA WALLA (CITY)	25,600	
KENT	25,500		WHATCOM		112,100
KIRKLAND	18,850		BELLINGHAM	45,900	
MERCER ISLAND	21,150		WHITMAN		39,900
REDMOND	26,300		PULLMAN	23,000	
RENTON	32,700		YAKIMA		177,000
SEATTLE	489,700		YAKIMA (CITY)	48,500	
KITSAP		161,600	STATE TOTAL		4,285,100
BREMERTON	35,475				

OFFICE
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STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

146-8

STATE FILE NUMBER

1 DISTRICT
2 COPIES
3 HOSPITAL
4 OCCURRENCE
5 RESIDENCE
6 TRACT
7 OCCUPATION

IF DEATH OCCURRED IN INSTITUTION SEE
HANDBOOK REGARDING COMPLETION OF
RESIDENCE ITEM 5.

1. NAME - FIRST, MIDDLE, LAST		2. SEX		3. DEATH DATE (MO DAY YR)		146-8	
4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY)		5. AGE - LAST BIRTH- DAY (YRS)		6. UNDER 1 YEAR MOS. DAYS HOURS MINS.		7. BIRTHDATE (MO DAY YR)	
8. COUNTY OF DEATH		10. CITY, TOWN OR LOCATION OF DEATH		11. PLACE OF DEATH - ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 0 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☐ HOSP. 5 ☐ NUR HOME 1 ☐ OTHER PLACE		12. RECEIVED EMERGENCY CARE AMBULANCE, FIRE/PTR, PARAMEDIC YES/NO	
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY)		14. CITIZEN OF WHAT COUNTRY		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		16. SPOUSE (IF WIFE GIVE MAIDEN NAME)	
17. SOCIAL SECURITY NO.		18. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.)		19. KIND OF BUSINESS OR INDUSTRY		20. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)	
21. RESIDENCE - NUMBER AND STREET		22. CITY/TOWN, OR LOCATION		23. INSIDE CITY LIMITS? (YES/NO)		24. COUNTY	
25. STATE		26. FATHER - NAME FIRST, MIDDLE, LAST		27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST			
28. INFORMANT - NAME		29. MAILING ADDRESS		STREET OR RFD NO.		CITY OR TOWN STATE ZIP	
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)		31. DATE (MO DAY YR)		32. CEMETERY/CREMATORY - NAME		33. LOCATION - CITY/TOWN, STATE	
34. FUNERAL DIRECTOR SIGNATURE X		35. NAME OF FACILITY		36. ADDRESS OF FACILITY			
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X				41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			
38. DATE SIGNED (MO DAY YR)		39. HOUR OF DEATH (24 HRS)		42. DATE SIGNED (MO DAY YR)		43. HOUR OF DEATH (24 HRS)	
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		44. PRONOUNCED DEAD (MO DAY YR)		45. HOUR PRONOUNCED DEAD (24 HRS)			
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)							
47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))							
(A) DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONSET AND DEATH							
(B) DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONSET AND DEATH							
(C) DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONSET AND DEATH							
48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.						49. AUTOPSY? (YES/NO)	
50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)							
51. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (SPECIFY)		52. INJURY DATE (MO DAY YR)		53. HOUR OF INJURY (24 HRS)		54. DESCRIBE HOW INJURY OCCURRED.	
55. INJURY AT WORK? (YES/NO)		56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)		57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE			
58. REGISTRAR SIGNATURE X		59. DATE RECEIVED (MO DAY YR)					
FOR STATE REGISTRAR USE ONLY		ITEM DOCUMENTARY EVIDENCE:		REVIEWED BY:		DATE:	
		ITEM DOCUMENTARY EVIDENCE:		REVIEWED BY:		DATE:	

SAMPLE COPY

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.

OFFICE
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STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS

CERTIFICATE OF FETAL DEATH

146-8

LOCAL FILE NUMBER

STATE FILE NUMBER

NAME—FIRST			MIDDLE	LAST	2 SEX	3 DELIVERY DATE (Mo-Day-Yr)	4 HOUR (24 Hr. Day)			
5 PLACE OF DELIVERY (Circle or X) 1 Hospital 3 Birth Center 5 Home 2 Enroute 4 Oth Med Facil 6 Other			6 FACILITY NAME (Address if not Facility)			7 CITY/TOWN/LOCATION		8 COUNTY OF DELIVERY		
9 PART I. [ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)] Fetal or Maternal condition directly causing fetal death A IMMEDIATE CAUSE Fetal and/or Maternal conditions, if any, giving rise to the immediate cause (A) stating the underlying cause last B DUE TO, OR AS A CONSEQUENCE OF: C DUE TO, OR AS A CONSEQUENCE OF:								10 SPECIFY FETAL OR MATERNAL		
11 PART II. OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER: Conditions contributing to Fetal Death but not related to cause given in Part I(A)						12 FETUS DIED (Circle or X) 1 Before Labor 2 During Labor 3 During Delivery 4 Unknown		13 AUTOPSY (Y/N)		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF SIGNATURE X					15 DATE (Mo-Day-Yr)	16 NAME, TITLE ATTENDANT AT DELIVERY IF OTHER THAN CERTIFIER (TYPE OR PRINT)				
17 NAME, TITLE (TYPE OR PRINT)					18 MAILING ADDRESS (Street, Box Number, City, State, Zip)					
19 NAME, FIRST					MIDDLE	LAST	20 AGE (At Time This Delivery)	21 BIRTH STATE (If not U.S. give Country)		
22 NAME, FIRST					MIDDLE	LAST (Maiden)	23 AGE (At Time This Delivery)	24 BIRTH STATE (If not U.S. give Country)		
25 RESIDENCE (Number and Street)			26 CITY/TOWN/LOCATION			27 INSIDE CITY LIMITS (Y/N)	28 COUNTY	29 STATE		
30 BURIAL, CREMATION, REMOVAL, OTHER (Specify)			31 DATE (Mo-Day-Yr)	32 CEMETERY/CREMATORY—NAME			33 LOCATION—CITY/TOWN, STATE			
34 FUNERAL DIRECTOR SIGNATURE X			35 NAME OF FACILITY			36 ADDRESS OF FACILITY				
37 REGISTRAR SIGNATURE X			38 DATE RECEIVED BY REGISTRAR (Mo-Day-Yr)							
FOR STATE REGISTRAR		ITEM	DOCUMENTARY EVIDENCE:	REVIEWED BY:	DATE:	ITEM	DOCUMENTARY EVIDENCE:	REVIEWED BY:	DATE:	
		DSHS 9-195 (Rev. 1-90)								

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY—DETACHED FROM CERTIFICATE BEFORE PERMANENT FILING

39 RACE (White, Black, Am Ind Etc. Specify)		40 USUAL OCCUPATION (Kind of Work Done During Most of Working Life)		41 KIND OF BUSINESS OR INDUSTRY		42 EDUCATION—Highest Grade Completed (0-16+)					
43 RACE (White, Black, Am Ind Etc. Specify)		44 USUAL OCCUPATION (Kind of Work Done During Most of Working Life)		45 KIND OF BUSINESS OR INDUSTRY		46 EDUCATION—Highest Grade Completed (0-16+)					
47 AMNIOCENTESIS (Circle or X) 0 Not Done 1 1st Trimester 2 2nd Trimester 3 3rd Trimester		48 IS MOTHER MARRIED? (Yes/No)									
49 DATE LAST NORMAL MENSES BEGAN (Mo-Day-Yr)		50 MONTH OF PREGNANCY PRENATAL CARE BEGAN (First, Second, Third, Etc.)		51 TOTAL NUMBER OF PRENATAL VISITS (IF NONE ENTER 0)		52 TOTAL PRIOR PREG. (Do Not Include This Preg) IF NONE ENTER 0		53 PRIOR LIVE BIRTHS IF NONE ENTER 0 NOW LIVING NOW DEAD		54 PRIOR FETAL DEATHS (Do Not Include Induced Abortions or This Delivery) IF NONE ENTER 0 BEFORE 26 WEEKS 20 WEEKS & AFTER	
55 FETUS WEIGHT (If known, specify)		56 THIS FETUS (Single, Twin, Etc., Specify)		57 IF NOT SINGLE (Born First, Second, Etc., Specify)		58 LAST PRIOR PREG. (Mo-Yr)		59 LAST LIVE BIRTH (Mo-Yr)		60 LAST FETAL DEATH (Mo-Yr)	

61 CONGENITAL MALFORMATIONS OR ANOMOLIES OF FETUS (DESCRIBE OR WRITE NONE)

CIRCLE OR X ALL CODES THAT APPLY IN EACH COLUMN

62 COMPLICATIONS NOT RELATED TO PREG.		63 COMPLICATIONS RELATED TO PREG.		64 COMPLICATIONS OF LABOR		65 METHOD OF DELIVERY		66 BIRTH INJURIES/ DISEASES OF FETUS		67 (USE THIS SPACE TO SPECIFY OTHER)			
0 NONE 1 DIABETES 2 HEART DIS (Symptomatic) 3 CHRONIC HYPERTENSION 4 CHRONIC RENAL DISEASE 5 ACUTE URINARY TRACT INFECTION 6 SURGERY (Abdom/Pelvic) 7 TUMOR 8 EPILEPSY 9 OTHER (Specify)		0 NONE 1 PRE-ECLAMPSIA 2 ECLAMPSIA 3 RH SENSITIZATION 4 SYPHILIS 5 HERPES 6 RUBELLA 7 ANEMIA (HGB < 10 GM HCT < 30%) 8 HEMORRHAGE OF PREG 9 OTHER (Specify)		0 NONE 1 ABRUPTIO PLACENTA 2 PLACENTA PREVIA 3 CORD (Prolapse) 4 MATERNAL HYPOTENS/ SHOCK 5 PROLONGED LABOR 6 INTRAPARTUM FEVER AMNIONITIS 7 LACERATION 3"/4" 8 BREECH 9 OTHER (Specify)		0 SPONTANEOUS 1 VACUUM EXTRACTED 2 LOW FORCEPS 3 OTHER FORCEPS PROCEDURE 4 PRIMARY C-SECTION 5 REPEAT C-SECTION 6 VERSION & EXTRACTION 7 LABOR INDUCED 8 9 OTHER (Specify)		0 NONE 1 FETAL HEMORRHAGE PLACENTA AND CORD CONDITIONS 2 SEPSIS (Documented) 3 MATERNAL CONDITIONS AFFECTING FETUS 4 JAUNDICE (Bili > 10) 5 ASPHYXIA 6 HEMOLYTIC DISEASE 7 FRACTURED CLAVICLE 8 9 OTHER (Specify)					

OFFICE
USE
ONLY

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS

CERTIFICATE OF LIVE BIRTH 146-8

DISTRICT

COPIES

HOSPITAL

OCCUR

RESIDENCE

RACE

F-OCCUP

M-OCCUP

MALFORM

QUERIES

TYPE OR PRINT ENTIRE FORM IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

LOCAL FILE NUMBER		STATE FILE NUMBER				
1 NAME - FIRST, MIDDLE, LAST		2 SEX	3 BIRTHDATE (MO-DAY-YR)	4 HOUR (24 HR DAY)		
5 BIRTHPLACE TYPE (X BOX THUS II) ☐ 1. HOSPITAL ☐ 3. BIRTH CENTER ☐ 5. HOME ☐ 2. ENROUTE ☐ 4. OTH. MED. FACIL. ☐ 6. OTHER		6 FACILITY NAME/ADDRESS IF NOT FACILITY		7 CITY/TOWN/LOCATION	8 BIRTH COUNTY	
9 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SIGNATURE AND TITLE)		10 DATE (MO-DAY-YR)		11 NAME, TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (TYPE OR PRINT)		
12 NAME, TITLE (TYPE OR PRINT)		13 MAILING ADDRESS (STREET BOX NO. CITY, STATE, ZIP)				
14 NAME - FIRST, MIDDLE, LAST		15 AGE (AT TIME THIS BIRTH)		16 BIRTH STATE (IF NOT USA GIVE COUNTRY)		
17 NAME - FIRST, MIDDLE, LAST (MAIDEN)		18 AGE (AT TIME THIS BIRTH)		19 BIRTH STATE (IF NOT USA GIVE COUNTRY)		
20 RESIDENCE (NUMBER AND STREET)		21 CITY/TOWN/LOCATION		22 INSIDE CITY LIMIT (YES/NO)	23 COUNTY	24 STATE
25 MOTHERS MAILING ADDRESS (IF SAME AS ABOVE ENTER ZIP ONLY)		ZIP				
26 NAME OF INFORMANT (TYPE OR PRINT)		27 RELATION TO CHILD				
28 REGISTRAR (SIGNATURE)		29 DATE RECEIVED BY REGISTRAR (MO-DAY-YR)				
30 CHANGE RECORD (STATE REGISTRAR USE ONLY) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				

DSHS 9-192 (REV 1-82)

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY - DETACHED FROM CERTIFICATE BEFORE PERMANENT FILING.									
31 RACE (WHITE, BLACK, AM, IND, ETC. - SPECIFY)		32 USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE)		33 KIND OF BUSINESS OR INDUSTRY					
34 RACE (WHITE, BLACK, AM, IND, ETC. - SPECIFY)		35 USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE)		36 KIND OF BUSINESS OR INDUSTRY					
37 IS MOTHER MARRIED? (YES/NO)									
38 DATE LAST MENSTRUATION BEGAN (MO-DAY-YR)		39 MONTH OF PREGNANCY PRENATAL CARE BEGAN (FIRST, SECOND, THIRD, ETC.)		40 TOTAL NUMBER OF PRENATAL VISITS IF NONE ENTER 0					
41 TOTAL PRIOR PREGNANCIES (DO NOT INCLUDE THIS PREGNANCY IF NONE ENTER 0)		42 PRIOR LIVE BIRTHS (DO NOT INCLUDE THIS CHILD IF NONE ENTER 0)		43 PRIOR FETAL DEATHS (DO NOT INCLUDE INDUCED ABORTIONS IF NONE ENTER 0)					
44 BIRTH WEIGHT		45 THIS BIRTH (SINGLE, TWIN, ETC.)		46 IF NOT SINGLE (BORN FIRST, SECOND, ETC.)					
47 LAST PRIOR PREGNANCY (MO-YR)		48 LAST LIVE BIRTH (MO-YR)		49 LAST FETAL DEATH (MO-YR)					
50 APGAR SCORE 1 MIN. 5 MIN.		51 AMNIOCENTESIS (X BOX THUS II) ☐ 0. NOT DONE ☐ 2. 2ND TRIMESTER ☐ 1. 1ST TRIMESTER ☐ 3. 3RD TRIMESTER							
52 CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (DESCRIBE OR WRITE NONE)									
X BOX(ES) OF ALL CODES THAT APPLY IN EACH COLUMN THUS III									
53 COMPLICATIONS NOT RELATED TO PREGNANCY		54 COMPLICATIONS RELATED TO PREGNANCY		55 COMPLICATIONS OF LABOR					
56 METHOD OF DELIVERY		57 BIRTH INJURIES/ DISEASES OF NEWBORN		58 (USE THIS SPACE TO SPECIFY OTHER)					
☐ 0 NONE ☐ 1 DIABETES ☐ 2 HEART DIS (SYMPTOMATIC) ☐ 3 CHRONIC HYPERTENSION ☐ 4 CHRONIC RENAL DISEASE ☐ 5 ACUTE URINARY TRACT INFECTION ☐ 6 SURGERY (ABDOM/PULVIC) ☐ 7 TUMOR ☐ 8 EPILEPSY ☐ 9 OTHER (SPECIFY)		☐ 0 NONE ☐ 1 PRE-ECLAMPSIA ☐ 2 ECLAMPSIA ☐ 3 RH SENSITIZATION ☐ 4 SYPHILIS ☐ 5 HERPES ☐ 6 RUBELLA ☐ 7 ANEMIA (HGB < 10 GM HCT < 30%) ☐ 8 HEMORRHAGE OF PREG ☐ 9 OTHER (SPECIFY)		☐ 0 NONE ☐ 1 ABRUPTIO PLACENTA ☐ 2 PLACENTA PREVIA ☐ 3 CORD (PROLAPSE) ☐ 4 MATERN HYPOTENS/SHOCK ☐ 5 PROLONGED LABOR ☐ 6 INTRAPARTUM FEVER AMNIONITIS ☐ 7 LACERATION 3"/4" ☐ 8 BREECH ☐ 9 OTHER (SPECIFY)		☐ 0 SPONTANEOUS ☐ 1 VACUUM EXTRACTED ☐ 2 LOW FORCEPS ☐ 3 OTHER FORCEPS PROCED ☐ 4 PRIMARY C-SECTION ☐ 5 REPEAT C-SECTION ☐ 6 VERSION & EXTRACTIONS ☐ 7 LABOR INDUCED ☐ 8 ☐ 9 OTHER (SPECIFY)		☐ 0 NONE ☐ 1 ERB'S/DUCHENNE'S PALSIES ☐ 2 HYALINE MEMBRANE ☐ 3 SEPSIS (DOCUMENTED) ☐ 4 SEIZURES ☐ 5 JAUNDICE (BILI > 10) ☐ 6 ASPHYXIA ☐ 7 HEMOLYTIC DISEASE ☐ 8 FRACTURED CLAVICLE ☐ 9 OTHER (SPECIFY)	

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF MARRIAGE

146-8

COUNTY		DATE		STATE FILE NUMBER	
1 CERTIFY THE PERSONS NAMED BELOW WERE MARRIED ON		1 DATE(MO DAY YR)	2 COUNTY	3 RELIGIOUS/CIVIL CEREMONY(SPECIFY)	4 DATE SIGNED(MO DAY YR)
5 OFFICIANT Signature X		6 OFFICIANT ADDRESS			
7 NAME FIRST MIDDLE LAST		8 BIRTHDATE(MO DAY YR)		9 BIRTHSTATE(IF NOT USA GIVE COUNTRY)	
10 USUAL RESIDENCE(NUMBER AND STREET)		11 CITY/TOWN/LOCATION	12 INSIDE CITY LIMITS(YES/NO)	13 COUNTY	14 STATE
15 FATHER'S NAME		16 BIRTHDATE(IF NOT USA GIVE COUNTRY)	17 MOTHER'S MAIDEN NAME		18 BIRTHSTATE(IF NOT USA GIVE COUNTRY)
19 GROOM Signature X		20 DATE SIGNED(MO DAY YR)			
21 NAME FIRST MIDDLE LAST		22 MAIDEN NAME(IF DIFFERENT)	23 BIRTHDATE(MO DAY YR)	24 BIRTHSTATE(IF NOT USA GIVE COUNTRY)	
25 USUAL RESIDENCE(NUMBER AND STREET)		26 CITY/TOWN/LOCATION	27 INSIDE CITY LIMITS(YES/NO)	28 COUNTY	29 STATE
30 FATHER'S NAME		31 BIRTHDATE(IF NOT USA GIVE COUNTRY)	32 MOTHER'S MAIDEN NAME		33 BIRTHSTATE(IF NOT USA GIVE COUNTRY)
34 BRIDE Signature X		35 DATE SIGNED(MO DAY YR)			
36 WITNESS Signature X		37 WITNESS Signature X		38 DATE RECEIVED(MO DAY YR)	
39 COUNTY AUDITOR Signature X					

DSHS 9 170 (REV 1 80)

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DISSOLUTION OR
DECLARATION OF INVALIDITY OF MARRIAGE

146-8

LOCAL FILE NUMBER		STATE FILE NUMBER	
1 CERTIFY THE MARRIAGE OF THE PERSONS NAMED BELOW WAS DISSOLVED ON		1 DATE(MO DAY YR)	2 DISSOLUTION OF MARRIAGE?
3 CLERK OF SUPERIOR COURT Signature X		3 DECLARATION OF INVALIDITY?	4 COUNTY
		5 RECORDING DATE (MO DAY YR)	
7 NAME FIRST MIDDLE LAST			
8 BIRTHDATE(MO DAY YR)		9 BIRTHSTATE(IF NOT USA GIVE COUNTRY)	
10 RESIDENCE TIME OF FILING(NUMBER STREET)		11 CITY/TOWN/LOCATION	12 INSIDE CITY LIMITS(YES/NO)
13 COUNTY		14 STATE	
15 NAME FIRST MIDDLE LAST		16 MAIDEN NAME(IF DIFFERENT)	17 BIRTHDATE(MO DAY YR)
18 BIRTHSTATE(IF NOT USA GIVE COUNTRY)			
19 RESIDENCE TIME OF FILING(NUMBER STREET)		20 CITY/TOWN/LOCATION	21 INSIDE CITY LIMITS(YES/NO)
22 COUNTY		23 STATE	
24 MARRIAGE COUNTY	25 STATE(IF NOT USA GIVE COUNTRY)	26 MARRIAGE DATE(MO DAY YR)	27 NUMBER CHILDREN BORN ALIVE TO MARRIAGE
28 PETITIONER(HUSBAND WIFE OTHER SPECIFY)	29 ATTORNEY FOR PETITIONER	30 ADDRESS	